



Client No. 2036	Client Name O.H. MATERIALS	Location 1002 OSWEGO, ST. VTICA, N.Y.	Date 06-21-87					
Facility Equipment N/A	Detex Clock N/A	Weapon No. N/A	Holster N/A	Nightstick N/A	Raincoat 1	Flashlight 1	Other 2 GATE KEYS, LOG BOOK	
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			Officer—Day Shift (Name) Kenneth Fuchs		Officer—Swing Shift (Name) Brooklyn M. Waller		Officer—Grave Shift (Name) GEORGE, JOHN D	
Shift Began 8 AM PM Ended AM-PM			Shift Began 4 AM-PM ended 12 AM-PM		Shift Began 12 AM-PM Ended 8 AM-PM			
Observations or actions taken	Yes	No	Explanation		Yes	No	Explanation	
Rounds or stations missed		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Unlocked vaults or safes		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Fire-smoke-or hazards		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
2. Sprinkler system defective		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
4. Rubbish accumulation		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
5. Motors running		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
6. Lights left burning		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	TURNED OF LIGHT 0615	
Injury hazards		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Visitors 1040 Jim Nagel on site		<input checked="" type="checkbox"/>	1042 Jim Nagel left site			<input checked="" type="checkbox"/>	vehicle in front of gate	
Trespassing		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	CPT. MILLER ONSITE	
Violation of company rules		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Remarks About 1745 pro motion vehicle broke down in front of gate, I called tow truck for him, about 1800 tow truck arrived for vehicle.								

IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.

1. Were you injured during this tour?	Day Shift	1.	Yes	No	2.	Yes	No	3.	Swing Shift	1.	Yes	No	2.	Yes	No	3.	Grave Shift	1.	Yes	No	2.	Yes	No	3.
	Yes	<input checked="" type="checkbox"/>				Yes	<input checked="" type="checkbox"/>		Yes	<input checked="" type="checkbox"/>				Yes	<input checked="" type="checkbox"/>		Yes	<input checked="" type="checkbox"/>						
2. Did you suffer any illness?	Yes	<input checked="" type="checkbox"/>				Yes	<input checked="" type="checkbox"/>		Yes	<input checked="" type="checkbox"/>				Yes	<input checked="" type="checkbox"/>		Yes	<input checked="" type="checkbox"/>						
3. Have you reported all accidents coming to your attention?	Yes	<input checked="" type="checkbox"/>				Yes	<input checked="" type="checkbox"/>		Yes	<input checked="" type="checkbox"/>				Yes	<input checked="" type="checkbox"/>		Yes	<input checked="" type="checkbox"/>						
Signatures	1.	Kenneth Fuchs				2.	Brooklyn M. Waller				3.	John D. George												
Signatures	2.					2.					2.													
Signatures	3.					3.					3.													

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